



State Approving Agency for Veterans Education
700 Foothill Blvd
Salt Lake City, UT 84108
Phone (801) 584-1973 Fax (801) 584-1964

Date: _____
Catalog Vol: _____

Application for Continued Approval of an IHL/NCD

Please complete this application fully including the date and volume of the catalog being submitted. We cannot process incomplete applications which will be returned. Once completed, submit the signed application along with 4 certified copies of the institution's current catalog to Berni Davis at the above address. In addition to the catalog, if program or policy information is contained in any other source, i.e., enrollment agreements or student handbooks, please also send two copies of each additional item.

Part I: Institution Information

Complete this section completely. Identify any changes in institutional status or policies.

Name of Institution:		
Physical Address:		
Mailing Address (if different from above):		
Primary Certifying Official :	Have certifying officials changed?	Y N
Phone Number:	Fax Number:	
Email Address:	Website:	
Additional Certifying Officials:		

Is the Institution Accredited:	Yes	No	If yes, by whom:
Has the accreditation status changed since the last approval?	Yes	No	If yes, how:
Is the institution: (Check all that apply)	Public	Private	Profit Non Profit

Since the last approval:

Has the institution experienced a change in ownership or name since the last approval?	Yes	No	If yes complete SAA Form 4251
Has the institution changed its address?	Yes	No	If yes complete SAA Form 4251
Has the tuition changed?	Yes	No	New rate?
Where is it in the catalog?			
Have any institutional policies changed? If yes, list what policies have changed and where the new information can be found in the catalog by page number:			Yes No

Use your latest WEAMS (VA Form 22-1998) or SAA approval letter to show this information. Write on the document to clearly show any program name changes, hour changes, note programs that are no longer offered and list any new programs. Also list the modes of instruction codes next to the applicable programs. Use this chart if your institution offers 10 programs or less.

***Using the following codes, indicate if any of the following apply to each program**
F- Fully Online P- Has a Practical Training aspect
C- Has a Cooperative Training aspect I- Has an Independent Study aspect

Each of these methods of education requires specific approval and certification. If the institution offers any of these modes and you do NOT request and receive approval, the Veteran cannot be certified for those courses. Complete this section fully.

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Remedial Training	Yes	No	If Yes, list all remedial courses by course number and title
Course # and Title			Credit Hours
			Catalog Page

Part IV- Catalog Review

The following information must be included with the approval request packet, either included in the catalog or as an attachment to it.

Item	Catalog Page Number
<input type="checkbox"/> Academic Calendar	
<input type="checkbox"/> Prior Credit Policy	
<input type="checkbox"/> Standards of Progress	
<input type="checkbox"/> Grading System	
<input type="checkbox"/> Student Conduct Policy	
<input type="checkbox"/> Attendance Standards	
<input type="checkbox"/> Graduation Requirements	
<input type="checkbox"/> Program Outline including a break down by courses or clock hours- the hours <i>MUST</i> add up	
<input type="checkbox"/> Effective Date of Catalog	
<input type="checkbox"/> True and Correct Statement	
<input type="checkbox"/> Refund Policy	

I certify that:

- ☐ The information contained in this application and attachment(s), catalog or bulletin, student handbook, supplements, addenda and the supporting approval material is true and correct in content and policy as required by 38 Code of Federal Regulations 21.4253 (accredited) or 21.4254 (non accredited).
- ☐ The educational institution keeps adequate records, as prescribed by the State Approving Agency, to show the progress and grades of the eligible person or veteran and to show that satisfactory standards relating to progress and conduct are enforced.
- ☐ The school will make available to the authorized government representative records and accounts pertaining to veterans or eligible persons who received educational assistance. Also that the institution will retain these records for no less than three years from the student's graduation or termination date.
- ☐ The institution maintains a written record of the previous education and training of the eligible person or veteran that clearly indicates that appropriate credit has been given by the educational institution for previous education and training, with the training period shortened proportionately.
- ☐ The programs, curriculum, and instruction are consistent in quality, content, and length with similar programs in public schools and other private schools in the state, with recognized standards.
- ☐ The school has adequate space, equipment, facilities, instructional materials, and instructor personnel to provide training of good quality.
- ☐ This institution does not use erroneous, deceptive, or misleading practices nor does it advertise "VA" or "School" approval.

Printed Name and Title of authorized Institutional Representative

Signature

NOTE: Please affix one of these labels, signed and dated, to each of the four (4) catalogs and any additional publications submitted with your approval request letter.

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

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Signature _____ Date _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ **Date** _____

I certify that this catalog is true and accurate in content and policy.

Signature _____ Date _____

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Signature

Date

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Signature **Date**

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